


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90187 002 \*\*\*\*50.00

<b>DOCUMENT # L02000005519</b> 1. Entity Name <b>CASINA, L.C.</b>					
Principal Place of Business <b>526 WILLIAMS STREET #1 KEY WEST, FL 33040</b>			Mailing Address <b>526 WILLIAMS STREET #1 KEY WEST, FL 33040</b>		
2. Principal Place of Business <b>3 Casa Roma Lane #3</b> Suite, Apt. #, etc.		3. Mailing Address <b>3 Casa Roma Lane #3</b> Suite, Apt. #, etc.			
City & State <b>Key West, FL</b> Zip <b>33040</b>		City & State <b>Key West, FL</b> Zip <b>33040</b>		4. FEI Number <b>02-0562962</b>	
Country <b>Monroe</b>		Country <b>Monroe</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MELLONCAMP, KEVIN 526 WILLIAMS STREET #1 KEY WEST, FL 33040</b>			7. Name and Address of New Registered Agent Name <b>Kevin Melloncamp</b> Street Address (P.O. Box Number is Not Acceptable) <b>3 Casa Roma Lane #3</b> City <b>Key West</b> <b>FL</b> Zip Code <b>33040</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Kevin Melloncamp</i></u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3-5-04</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MELLONCAMP, KEVIN 526 WILLIAMS STREET #1 KEY WEST, FL 33040</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANTUCCI, JAMES 526 WILLIAMS STREET #1 KEY WEST, FL 33040</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Kevin Melloncamp</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>3-5-04</b> Daytime Phone # <b>305-294-7776</b>	